

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09/041975**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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20						
21						
22						
23	1					
24	1					
25		1				
26	1					
27	1					
28	1					
29	1					
30		1				
31		1				
32		1				
33		5				
34	1					
35	1					
36	1					
37	1					
38		4				
39		1				
40		1				
41	1	1				
42	1					
43		1				
44		1				
45		1				
46		1				
47	1	1				
48	1					
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	1											
52	1											
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95												
96												
97												
98												
99												
100												
TOTAL IND.	14											
TOTAL DEP.	21											
TOTAL CLAIMS	35											